OREGON-IDAHOUTILITIESING.

1023 N. Horton Street P.O. Box 1880 Nampa, Idaho 83653 208-461-7802 208-461-7896 FAX

June 27, 2014

Ms. Jean Jewell
Commission Secretary
Idaho Public Utilities Commission
427 W. Washington
Boise, Id. 83720-0074
Jean.jewell@puc.idaho.gov

RE: Commission Order No. 32867 2014 Eligible Telecommunications Carrier Annual Reporting to the Idaho Public Utilities Commission.

Dear Ms. Jewell,

Enclosed, please find a copy of the Oregon-Idaho Utilities FCC form 481 submission for SAC 532390 for program year 2015 along with a completed "AFFIDAVIT OF BUSINESS OR CORPORATE OFFICER". This Form 481 has been filed with USAC and the FCC.

In accordance with IPUC Rules of Procedure Rule 67, the Five Year Service Improvement Plan, financial and audit information contained in the FCC Form 481 for Oregon-Idaho Utilities, Inc. is confidential and is protected by law from public inspection, examination or copying under Title 9, Chapter 3, Section 9-340D (1)(a) and (b). Independent economic value is derived from this information not being readily ascertainable by proper means by other persons who could obtain economic value from its disclosure or use and Oregon-Idaho Utilities, Inc. makes reasonable efforts to maintain the secrecy of this information. This protected information has been separated from the information not protected from public inspection and is being submitted to the PUC via certified mail as required by the IPUC rules of procedure.

If you have any questions or need additional information concerning this submission, please contact me at (208) 461 -7802 or via e-mail at doug.musgrave@oiutelecom.net.

Sincerely,

Douglas N. Musgrave

Manager

State of OREGON
)
County of MACHEUR)

CERTIFICATION BY ELIGIBLE TELECOMMUNICATIONS CARRIER OF COMPLIANCE WITH SERVICE QUALITY AND CUSTOMER PROTECTION, ABILITY TO REMAIN FUNCTIONAL IN EMERGENCIES, AND USE OF FEDERAL HIGH-COST SUPPORT.

AFFIDAVIT OF BUSINESS OR CORPORATE OFFICER

The Idaho Public Utilities Commission Order No. 29841 requires that Eligible Telecommunications Carriers Certify that it is compliant with the applicable service quality standards and consumer protection rules; and ETCs must demonstrate the ability to remain functional in emergencies. In addition, the Commission must file an annual certification with the USAC and the FCC that all federal high-cost support provided to ETCs within the State of Idaho will be used only for the provision, maintenance, and upgrading of facilities and services for which the support is intended. Accordingly, the undersigned states and verifies under oath the following:

- I am an officer of <u>Oregon-Idaho Utilities</u>, <u>Inc.</u>, an eligible telecommunications carrier for receiving federal universal service support under section 214 (e) of the Telecommunications Act of 1996 in the state of Idaho.
- I am familiar with the Company's day-to-day operations in the state of Idaho and with the State's service quality standards and consumer protection rules set forth in Commission Order No. 29841.
- Oregon-Idaho Utilities, Inc. is complying with applicable service quality standards and consumer protection rules of the Federal Communications Commission and the Idaho Public Utilities Commission.
- 4. I certify to the Commission that the Company is able to remain functional in emergencies as set forth in Commission Order No. 29841 and in 47 C.F.R § 54.201 (a)(2).
- 5. I also certify that all federal universal service support funds received by <u>Oregon-Idaho Utilities,Inc.</u> during the current calendar year will be used in a manner consistent with section 254 (e); that is, for the provision, maintenance, and upgrading of facilities and services for which the support is intended. The company will continue to comply for the period of January 1, <u>2015</u>, through December 31, <u>2015</u>, to be eligible for federal universal service fund support.
- This verification and affidavit is provided to be the Idaho Public Utilities Commission to enable the IPUC to certify to the FCC that the federal universal service support received by the eligible carriers in the state will be used in a manner consistent with Section 254 (e) of the Telecommunications Act.

| OFFICIAL SEAL KENNETH L GIBBS NOTARY PUBLIC - OREGON GOMMISSION NO. 469355 MY COMMISSION EXPIRES JUNE 19, 2016 | Name/Title | |
|--|------------|----|
| TO COMMISSION EXPIRES JUNE 19, 2016 | <u> </u> | 14 |

SUBSCRIBED AND SWORN to before me this

Notary Public for State of Okean, residing at 1023 No. Hopeton 57
My Commission expires Oce/19/2014 NAME, 10.

JUNG KLA

day of July

| FCC For | rm 481 - Carrier Annual Reporting Data Collection Form | | | FCC Form 481 DMB Control No. 3060- July 2013 | 0986/OMB Control I | No. 3060-0819 |
|------------------|---|---------------------|--|--|--|---------------|
| <010> | Study Area Code | 532390 | | | | |
| <015> | Study Area Name | OREGON-IDAHO UTIL. | | | | |
| <020> | Program Year | 2015 | | | | |
| <030> | Contact Name: Person USAC should contact with questions about this data | Doug Musgrave | | | | |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 2084617802 ext. | | | | |
| <039> | Contact Email Address: Email of the person identified in data line <030> | doug.musgrave@oiut | elecom.net | | | |
| | | | | | 54.313 | 54.422 |
| ANNUA | AL REPORTING FOR ALL CARRIERS | | | | Completion Required (check box who | Required |
| <100> | Service Quality Improvement Reporting | | (complete attached work | sheet) | / / | NAME |
| <200> | Outage Reporting (voice) | | (complete attached work | sheet) | / | |
| <210> | ✓ < check box if n | o outages to report | | | / | |
| <300> | Unfulfilled Service Requests (voice) | | | ١ | | |
| 4210s | Detail on Assessment (- free) | | | | | 12222 |
| <310> | Detail on Attempts (voice) | | | | | |
| | | | | (attach descriptive do | cument) | |
| <320> | Unfulfilled Service Requests (broadband) | | | | / | |
| | Date 11 - 12 - 12 - 13 - 13 - 13 - 13 - 13 - | | | | | CELLER |
| <330> | Detail on Attempts (broadband) | | | (attach descriptive d | ocument) | 122212 |
| | | | | | | |
| | Number of Complaints per 1,000 customers (voice) | | | _ | | |
| <410> <420> | Fixed 0.0 | | | | / | |
| <430> | Mobile 0.0 Number of Complaints per 1,000 customers (broad) | hand) | | | | |
| <440> | Fixed 0.0 | Juney | | | | |
| <450> | Mobile 0.0 | 1-6 | | | | |
| <500> | Service Quality Standards & Consumer Protection R 5323900RID510.pdf | ules Compliance | (check to indicate certific | ation) | | |
| -510 | SSESSOCKESTO. Par | | | | | |
| <510> | | | (attached descriptive o | locument) | | |
| | | | | | | |
| <600> | Functionality in Emergency Situations | | (check to indicate certific | ration) | | |
| | 5323900RID610.pdf | | 7 | ***** | | |
| | | | (attached descriptive doc | ument) | ✓ | |
| <610> | | | | | | |
| | | | J. | | | **** |
| <700> | Company Price Offerings (voice) Company Price Offerings (broadband) | | (complete attached work | | | |
| <800> | Operating Companies and Affiliates | | (complete attached work | | | / |
| | Tribal Land Offerings (Y/N)? | (if | (complete attached work yes, complete attached work | | 1 | 111111 |
| | Voice Services Rate Comparability | | (check to indicate certific | | 1 | 131111 |
| | | | | | | |
| <1010> | . | | (attach descriptive docu | ment) | | 27227 |
| | | | | | · | 18888 |
| <1100> | Terrestrial Backhaul (Y/N)? | (ii | f not, check to indicate certifi | cation) | V 11 | |
| ×1110- | 0.0 | | | | | |
| <1110> <1200> | Terms and Condition for Lifeline Customers | | (complete attached work (complete attached work | | 111111 | / |
| | Price Cap Carriers, Proceed to Price Cap Additional | Documentation Works | | | 28282 | |
| | Including Rate-of-Return Carriers affiliated with Pri | | | | <u> </u> | |
| <2000> | | | (check to indicate certific | ation) | | 13.5 |
| <2005> | Pate of Poture Couriers Beauty 12 BOD 4-170 | D | (complete attached works | heet) | | 1111111 |
| <3000> | Rate of Return Carriers, Proceed to ROR Additional | Documentation Work | sheet (check to indicate certificate) | ation) | | 171777 |
| <3005> | | | (complete attached works | | / | 11111 |

| 5 10 E C C C C C C C C C C C C C C C C C C | ervice Quality Improvement Reporting Illection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|--|
| <010> | Study Area Code | 532390 |
| <015> | Study Area Name | OREGON-IDAHO UTIL. |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Doug Musgrave |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2084617802 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | doug.musgrave@oiutelecom.net |
| <110> | Has your company received its ETC certification from the FCC? | (yes / no) O |
| <111> | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? | (yes/no) O |
| <112> | If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your CETC which only receives frozen support, your progress report is only required to address voice telephony service. | 5323900r112.pdf ompany is a |
| | Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate. | Name of Attached Document |
| <113> | Maps detailing progress towards meeting plan targets | |
| <114> | Report how much universal service (USF) support was received | 7 |
| <115> | How (USF) was used to improve service quality | ✓ |
| <116> | How (USF)was used to improve service coverage | 7 |
| <117> | How (USF) was used to improve service capacity | ✓ |
| <118> | Provide an explanation of network improvement targets not met in the prior calendar year. | |

| (200) Service Outage Reporting (Voice) | FCC Form 481 |
|--|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code | 532390 |
|-------|---|------------------------------|
| <015> | Study Area Name | OREGON-IDAHO UTIL. |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Doug Musgrave |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2084617802 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | dowg.musgrave@ciutelecom.net |

| _ | <a> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <c1></c1> | <c2></c2> | <d></d> | <e></e> | <f></f> | <g></g> | <h></h> |
|---|-----------------------------|----------------------|----------------------|--------------------|--------------------|---------------------------------|------------------------------|--|---|---|------------------------------|----------------------------|
| | NORS Reference Number | Outage Start Date | Outage Start Time | Outage End Date | Outage End Time | Number of Customers Affected | Total Number of Customers | 911 Facilities Affected (Yes / No) | Service Outage Description (Check all that apply) | Did This Outage Affect Multiple Study Areas (Yes / No) | Service Outage Resolution | Preventative Procedures |
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| | ce Offerings including Voice Rate Data lection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|----------------|--|------------------------------|--|
| <010> | Study Area Code | 532390 | |
| <015> | Study Area Name | OREGON-IDAHO UTIL. | |
| <020> | Program Year | 2015 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Doug Musgrave | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2084617802 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | doug.musgrave@oiutelecom.net | |
| <701> <702> | Residential Local Service Charge Effective Date 1/1/2014 Single State-wide Residential Local Service Charge | | |

| | <a1></a1> | <a2></a2> | <a3></a3> | <b1></b1> | <b2></b2> | <b3></b3> | <ba></ba> | <bs></bs> | <0 |
|---|-----------|-----------------|------------|-----------|-----------------------------------|------------------------------|---|---|-----------------------------|
| L | State | Exchange (ILEC) | SAC (CETC) | Rate Type | Residential Local Service Rate | State Subscriber Line Charge | State Universal Service Fee | Mandatory Extended Area Service Charge | Total per line Rates and Fe |
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| 710) Broadband Price Offerings | FCC Form 481 |
|--------------------------------|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code | 532390 |
|-------|---|------------------------------|
| <015> | Study Area Name | OREGON-IDAHO UTIL. |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Doug Musgrave |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2084617802 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | doug.musgrave@oiutelecom.net |

| State | Exchange (ILEC) | Residential Rate | State Regulated Fees | Total Rate and Fees | Broadband Service - Download Speed (Mbps) | Broadband Service - Upload Speed (Mbps) | Usage Allowance (GB) | Usage Allowance Action Taken When Limit Reached (select |
|-------|-----------------|------------------|-------------------------|---------------------|---|--|-------------------------|---|
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| | | | | | - See attached worksheet - | | | |

| | erating Companies lection Form | | | | FCC Form 481 OMB Control No. 3 July 2013 | 060-0986/OMB Control No. 3060-0819 |
|-------|-----------------------------------|---|---------------|------------------|--|------------------------------------|
| <010> | Study Area Code | | 532390 | | | |
| <015> | Study Area Name | | OREGON-IDAHO | UTIL. | | |
| <020> | Program Year | | 2015 | | | - H |
| <030> | | USAC should contact regarding this data | Doug Musgrave | | | |
| <035> | | nber - Number of person identified in data line <030> | 2084617802 ex | kt. | | |
| <039> | Contact Email Address - | Email Address of person identified in data line <030> | doug.musgrav | e@oiutelecom.net | | |
| <810> | Reporting Carrier | Oregon-Idaho Utilities, Inc. | | | | |
| <811> | Holding Company | Robinson Communications Corp. | | | | |
| <812> | Operating Company | NA | | | | |
| | | | | | | |
| <813> | | <a1></a1> | | <a2></a2> | <a3></a3> | |
| | | Affiliates | | SAC | Doing Business As Company | or Brand Designation |
| 8 | | | | | | |
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| 39 | | | - See aff | ached workshe | et | |
| 35 | | | occ att | dorica worksin | 51 | |
| 90 | | | | | | |
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| | oal Lands Reporting ection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|----------------------|--|--|
| <010> | Study Area Code | 532390 |
| <015> | Study Area Name | OREGON-IDAHO UTIL. |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Doug Musgrave |
| <035> | Contact Telephone Number - Number of person identified in data line <03 | |
| <039> | Contact Email Address - Email Address of person identified in data line <03 | 0> doug.musgrave@oiutelecom.net |
| <910> | Tribal Land(s) on which ETC Serves | |
| 920> | Tribal Government Engagement Obligation | Name of Attached Document |
| o confi lemons | ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to 8(a)(9) includes: | Select (Yes,No, NA) |
| 921> | Needs assessment and deployment planning with a focus on Tribal community anchor institutions. | |
| 922> | Feasibility and sustainability planning; | |
| 923> | Marketing services in a culturally sensitive manner; | |
| 924> | Compliance with Rights of way processes | |
| 925> | Compliance with Land Use permitting requirements | |
| | Compliance with Facilities Siting rules | |
| | | |
| 926> | Compliance with Environmental Review processes | |
| 926> 927> 928> | Compliance with Environmental Review processes Compliance with Cultural Preservation review processes | |

| (1100) No Terrestrial Backhaul Reporting Data Collection Form | | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|---|------------------------------|--|
| <010> | Study Area Code | 532390 | |
| <015> | Study Area Name | OREGON-IDAHO UTIL. | |
| <020> | Program Year | 2015 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Doug Musgrave | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2084617802 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | doug.musgrave@oiutelecom.net | |
| <1120> | Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) | | |
| <1130> | Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) | | |
| | | | |

| ifeline | erms and Condition for Lifeline Customers | | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-----------|---|-------|------------------------------|---|
| | | | | |
| <010> | Study Area Code | | 532390 | |
| <015> | Study Area Name | | OREGON-IDAHO UTIL. | |
| <020> | Program Year | | 2015 | |
| <030> | Contact Name - Person USAC should contact regarding this data | | Doug Musgrave | |
| <035> | Contact Telephone Number - Number of person identified in data line | | 2084617802 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line | <030> | doug.musgrave@oiutelecom.net | |
| <1210> | Terms & Conditions of Voice Telephony Lifeline Plans | | 532390or1210.pdf | |
| | | | | Name of Attached Document |
| <1220> | Link to Public Website HT | TP | | |
| or the we | heck these boxes below to confirm that the attached document(s), on line 1210 bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report: | | | |
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | 1 | | |
| <1222> | Details on the number of minutes provided as part of the plan, | 1 | | |
| <1223> | Additional charges for toll calls, and rates for each such plan. | 1 | | |
| | | | | |

| (2000) Pr | ice Cap Carrier Additional Documentation | | FCC Form 481 | |
|-----------|---|--|--|---|
| Data Coll | ection Form | | OMB Control No. 3060-0986/OMB Control No. 3060-081 | 9 |
| Including | Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers | | July 2013 | |
| | | | | |
| <010> | Study Area Code | 532390 | | |
| <015> | Study Area Name | OREGON-IDAHO UTIL. | | |
| <020> | Program Year | 2015 | | |
| <030> | Contact Name - Person USAC should contact regarding this data | Doug Musgrave | | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2084617802 ext. | | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | doug.musgrave@oiutelecom.net | | |
| | | | | |
| CHECK th | he boxes below to note compliance as a recipient of Incremental Connect Amer support as set forth in 47 CFR § 54.313(b),(c),(d),(| | High Cost support to offset access charge reductions, and Connect America Phase II | |
| | support as set forth in 47 CFR 3 34.325(a),(c),(a),(| ey the information reported on this form and i | in the documents attached below is accurate. | |
| | | | | |
| | Incremental Connect America Phase I reporting | | | |
| <2010> | 2nd Year Certification (47 CFR § 54.313(b)(1)) | | | |
| <2011> | 3rd Year Certification {47 CFR § 54.313(b)(2)} | | | |
| | Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) | | | |
| <2012> | 2013 Frozen Support Certification | | | |
| <2013> | 2014 Frozen Support Certification | | Ħ | |
| <2014> | 2015 Frozen Support Certification | | | |
| <2015> | 2016 and future Frozen Support Certification | | | |
| | Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} | | | |
| <2016> | Certification Support Used to Build Broadband | | | |
| 0000000 | | | | |
| | Connect America Phase II Reporting (47 CFR § 54.313(e)) | | | |
| <2017> | 3rd year Broadband Service Certification | | | |
| <2018> | 5th year Broadband Service Certification | | | |
| <2019> | Interim Progress Certification | | | |
| <2020> | Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providi preceding calendar year. | shall provide the number, names, and | on [| |
| | | | 7 | |
| | | | | |
| <2021> | Interim Progress Community Anchor Institutions | | | |
| | | 1 | | |
| | | 1 | | |
| | | | | |
| | | Name o | f Attached Document Listing Required Information | |
| - | | | | |

| Study Area Code S32390 | with the financial reporting requirements set forth in |
|--|--|
| Study Area Name ORBGON-IDAHO UTIL. | |
| Study Area Name ORBGON-IDAHO UTIL. ORBGON-IDAHO | |
| Oddo Program Year Contact Name - Person USAC should contact regarding this data Doug Musora ave 2035 Contact Email Address - Email Address of person identified in data line 4030 - 2084617802 ext. CONTACT Email Address - Email Address of person identified in data line 4030 - 2084617802 ext. CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance on the compliance on the form and in the documents attached below is [3010] Prograss Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1))) Name of Attached Document Listing Required Information Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to [3011] S 54.313 (f) (1) (i), the carrier shall provide the number, names, and addresses of community anchor institutions to which began | |
| Contact Name - Person USAC should contact regarding this data Doug Munara ve 3035 Contact Telephone Number of person identified in data line 4030> Contact Email Address - Email Address of person identified in data line 4030> Contact Email Address - Email Address of person identified in data line 4030> CONTECT CONTACT Email Address - Email Address of person identified in data line 4030> CONTECT Email Address - Email Address - Email Address of person identified in data line 4030> CONTECT Email Address - Email Address of person identified in data line 4030> CONTECT Email Address - Email Address of person identified in data line 4030> CONTECT Email Address - Email Address of person identified in data line 4030> CONTECT Email Address - Email Address of person identified in data line 4030> CONTECT Email Address - Email Address of person identified in data line 4030> CONTECT Email Address - Email Address of person identified in data line 4030> CONTECT Email Address - Em | |
| Contact Telephone Number - Number of person identified in data line <0300 2084617802 ext. doug. mulgatavesolutelecom.net CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance on the formation reported on this form and in the documents attached below is (3010) Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))) Name of Attached Document Listing Required Information Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to (3011) § 54.313 (f)(1)(i) (i) (ii) (iii) | |
| Contact Email Address - Email Address of person identified in data line dougn_mulograve@oiutelecom_net ORCK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance or CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is [3010] Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i)) Name of Attached Document Listing Required Information Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to [3011] § 54.313 (f)(1)(ii), box to confirm that the number, names, and addresses of community archor institutions to which began | |
| CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is [3010] Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(a)) Name of Attached Document Listing Required Information Please check this box to confirm that the attached document(s), on line 3012 contains the required information provided the number, names, and addresses of community anchor institutions to which began | |
| Milestone Certification (47 CFR § 54.313(f)(1)(i)) Name of Attached Document Listing Required Information Please check this box to confirm that the attached document(s), on line 3012 contains the required information purpose of the standard of the stan | |
| Milestone Certification (47 CFR § 54.313(f)(1)(i)) Name of Attached Document Listing Required Information Please check this box to confirm that the attached document(s), on line 3012 contains the required information purpose of the state | |
| Name of Attached Document Listing Required Information Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to (3011) § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began | |
| Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to (3011) § 54.313 (f/11/li), the carrier shall provide the number, names, and addresses of community anchor institutions to which began | |
| (3011) § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began | |
| | |
| (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) | |
| Name of Attached Document Listing Required Information | |
| (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (Yes/No) (Yes/No) (Yes/No) | |
| Please shock there have to confirm that the ottoched decrement(s), on line 2017, contains the securined information aureupant to 5.54.212(0/2) counting | no requirem |
| Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) complian | ze requires: |
| (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) | |
| (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows | |
| 532390or3017.pdf | \neg |
| [3017] If the response is yes on line 3014, attach your company's RUS annual report and all required documentation | |
| Name of Attached Document Listing Required Information | |
| | |
| (3018) If the response is no on line 3014, is your company audited? (Yes/No) | |
| If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to 6 54.313(f)(2), contains | |
| (3019) Either a copy of their audited financial statement, or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications | |
| (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows | |
| (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. | |
| If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313[f)[2], contains; | |
| (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications | |
| Borrawers, | |
| (3023) Underlying information subjected to a review by an independent certified public accountant | |
| (3024) Underlying information subjected to an officer certification. | |
| (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows | _ |
| (3026) Attach the worksheet listing required information | |
| Name of Attached Document Using Required Information | |

| Certification - Reporting Carrier | FCC Form 481 |
|-----------------------------------|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code | 532390 |
|-------|---|------------------------------|
| <015> | Study Area Name | OREGON-IDAHO UTIL. |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Doug Musgrave |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2084617802 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | doug.musgrave@oiutelecom.net |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: OREGON-IDAHO UTIL.

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/26/2014

Printed name of Authorized Officer: Doug Musgrave

Title or position of Authorized Officer: Manager

Telephone number of Authorized Officer: 2084617802 ext.

Study Area Code of Reporting Carrier: 532390

Filing Due Date for this form: 07/01/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

| Certification - Agent / Carrier Data Collection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|---|--|
| <010> | Study Area Code | 532390 |
| <015> | Study Area Name | OREGON-IDAHO UTIL. |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Doug Musgrave |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2084617802 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | doug.musgrave@oiutelecom.net |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| I certify that (Name of Agent) | is authorized to submit the information reported on behalf of the reporting carrier. I |
|--|--|
| also certify that I am an officer of the reporting carrier; a agent; and, to the best of my knowledge, the reports an | sponsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized a provided to the authorized agent is accurate. |
| Name of Authorized Agent: | |
| Name of Reporting Carrier: | |
| Signature of Authorized Officer: | Date: |
| Printed name of Authorized Officer: | |
| Title or position of Authorized Officer: | |
| Telephone number of Authorized Officer: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent | Authorized to File Annual Reports for CAF or LI Reci | pients on Behalf of Reporting Carrier |
|--|---|---|
| | norized to submit the annual reports for universal service suppreporting carrier; and, to the best of my knowledge, the infor | oort recipients on behalf of the reporting carrier; I have provided mation reported herein is accurate. |
| Name of Reporting Carrier: | | |
| Name of Authorized Agent or Employee of Agent: | | |
| Signature of Authorized Agent or Employee of Agent: | | Date: |
| Printed name of Authorized Agent or Employee of Agent: | | |
| Title or position of Authorized Agent or Employee of Agent | | |
| Telephone number of Authorized Agent or Employee of Ag | gent: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: | |



| io, 3060-0986/OMB Control No. 3060-0819 |
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1/1/2014

<703>

<701> Residential Local Service Charge Effective Date

<702> Single State-wide Residential Local Service Charge

| <a1></a1> | <a2></a2> | <a3></a3> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <bs><</bs> | <0 |
|-----------|-------------------|------------|-----------|-----------------------------------|------------------------------|-----------------------------|---|------------------------------|
| State | Exchange (ILEC) | SAC (CETC) | Rate Type | Residential Local Service Rate | State Subscriber Line Charge | State Universal Service Fee | Mandatory Extended Area Service Charge | Total per line Rates and Fee |
| OR | Jordan Valley/R1 | | PR. | 11.65 | 0.0 | 0.99 | 0.0 | 12.64 |
| OR | Jordan Valley/R1A | | FR | 13.65 | 0.0 | 1.16 | 0.0 | 14.81 |
| OR | Jordan Valley/RIB | | FR | 18.65 | 0.0 | 1.59 | 0.0 | 20.24 |
| OR | Adrian | | FR | 18.65 | 0.0 | 1.59 | 0.0 | 20.24 |
| OR | Ridgeview | | FR | 18.65 | 0.0 | 1.7 | 1.4 | 21.75 |
| ID | South Mountain | | PR | 15.77 | 0.0 | 0.16 | 0.0 | 15.93 |
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(710) Broadband Price Offerings FCC Form 481

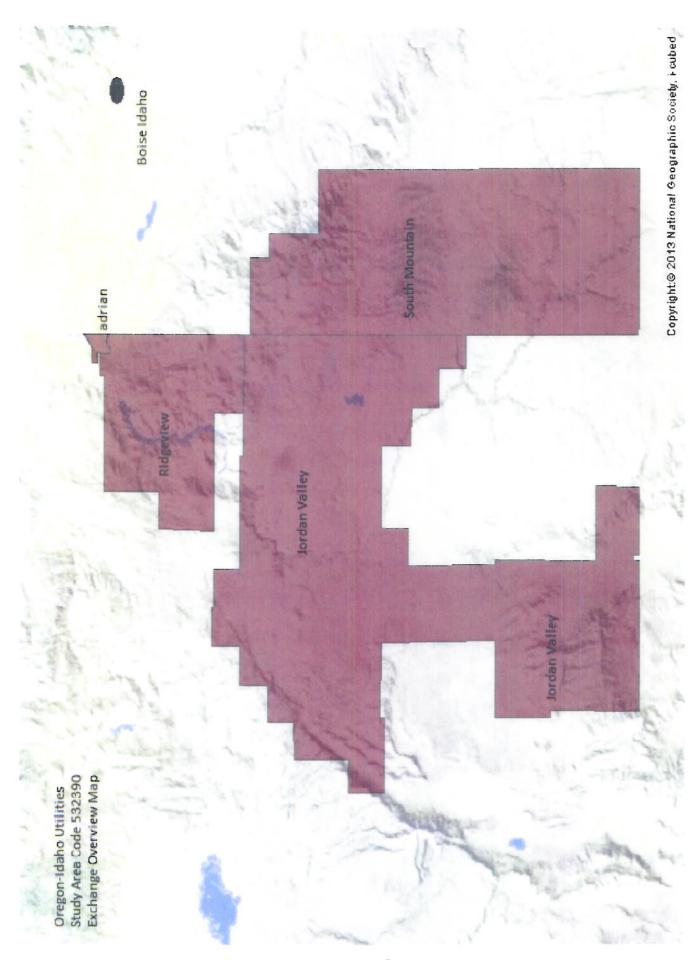
Data Collection Form OMB Control No. 3060-0986/OMB Control No. 3060-0819

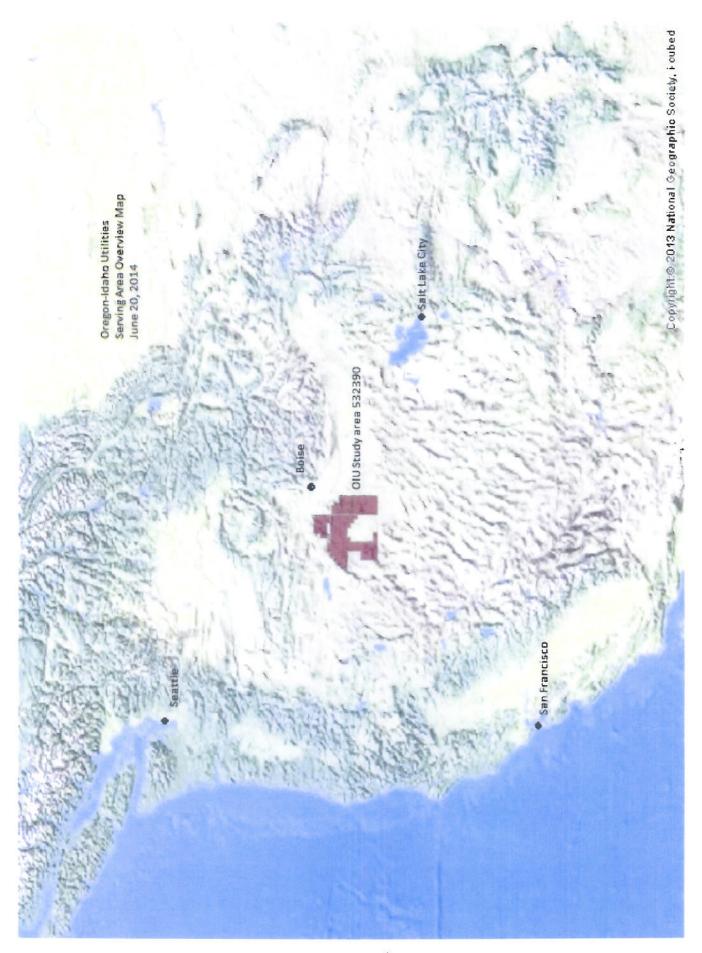
July 2013

| <010> | Study Area Code | 532390 |
|-------|---|------------------------------|
| <015> | Study Area Name | OREGON-IDAHO UTIL. |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Doug Musgrave |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2084617802 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | doug.musgrave@oiutelecom.net |

| State | Exchange (ILEC) | Residential Rate | State Regulated Fees | Total Rates and Fees | | Broadband Service -Upload Speed (Mbps) | Usage Allowance (GB) | Usage Allowance Action Taken When Limit Reached (select) |
|-------|-----------------|---------------------|-------------------------|-------------------------|-----|---|-------------------------|--|
| OR | All | 57.11 | 0.0 | 57.11 | 1.5 | 0.512 | 0.0 | Other, None |
| OR | A11 | 72.11 | 0.0 | 72.11 | 4.0 | 1.0 | 0.0 | Other, None |
| OR | All | 92.11 | 0.0 | 92.11 | 6.0 | 1.0 | 0.0 | Other, None |
| ID | All | 57.11 | 0.0 | 57.11 | 1.5 | 0.512 | 0.0 | Other, None |
| ID | All | 72.11 | 0.0 | 72.11 | 4.0 | 1.0 | 0.0 | Other, None |
| ID | All | 92.11 | 0.0 | 92.11 | 6.0 | 1.0 | 0.0 | Other, None |
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| (800) Op | perating Companies | | | MARKET STATES | | FCC Form 481 | | | |
|--|-------------------------|---|--------------------|-------------------|---------|--|-----------------------|--|--|
| Committee of the Commit | llection Form | | | | | OMB Control No. 3060-0986/OMB (July 2013 | Control No. 3060-0819 | | |
| <010> | Study Area Code | | 532390 | | | | | | |
| <015> | Study Area Name | | OREGON-IDAHO UTIL. | | | | | | |
| <020> | Program Year | | 2015 | | | | | | |
| <030> | Contact Name - Person | USAC should contact regarding this data | Doug Musgrave | | | | | | |
| <035> | Contact Telephone Num | nber - Number of person identified in data line <030> | 2084617802 ext. | | | | | | |
| <039> | Contact Email Address - | Email Address of person identified in data line <030> | doug.musgrav | ve@oiutelecom.net | | | | | |
| <810> | Reporting Carrier | Oregon-Idaho Utilities, Inc. | | | | | | | |
| <811> | Holding Company | Robinson Communications Corp. | | | | | | | |
| <812> | Operating Company | NA | | | | | | | |
| <813> | | <a1></a1> | 14 Te | <a2></a2> | 1 | <a3></a3> | | | |
| | | Affiliates | | SAC | Doing E | Doing Business As Company or Brand Designation | | | |
| | Humboldt ' | Telephone Company | | 553304 | | | | | |
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Line 510 Service Quality Standards & Consumer Protection Rules Compliance

Oregon-Idaho Utilities, Inc. complies with the service quality standards in the State of Oregon as defined under OAR 860-034-0390 Retail Telecommunications Standards for Small Telecommunications Utilities. Oregon-Idaho Utilities, Inc. complies with the service quality standards in the State of Idaho as defined under IDAPA 31.41.01 The Telephone Customer Relations Rules. Supervisory personnel periodically monitor activities and information about customer service orders and trouble reports in these states to insure service quality standards are being followed. Frequent interaction between supervisors and field and customer service staff helps to insure that each employee understands their role in following these standards.

Oregon-Idaho Utilities, Inc. complies with all applicable requirements on consumer protection rules including OAR 860-034-0390 Retail Telecommunications Standards for Small Telecommunications Utilities in the State of Oregon, IDAPA 31.41.01 The Telephone Customer Relations Rules in the State of Idaho, 47 CFR Part 64 Subpart U, Customer Proprietary Network Information, and the Federal Trade Commission Red Flag Rules. Employee training is held yearly on the requirements of each of the above as well as general training on disclosure of customer information to unauthorized parties. Supervisory personnel periodically monitor the activities of field and customer service personnel for compliance.

Line 610 Functionality in Emergency Situations Description

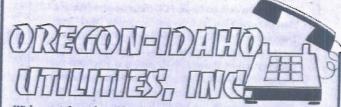
Oregon-Idaho Utilities, Inc. has engineered our communications network to remain functional in emergency situations as required by applicable state and federal regulations. Main Central office sites have emergency power generators that run automatically in the event of a commercial power loss. In addition, these sites have battery backup which will allow them to remain functional in the event of a loss of generator power. Second tier remote switch sites and remote concentrator sites have battery backup to continue operation in the event of a commercial power loss and the company has an inventory of portable generators which can be manually deployed to remain operational during extended commercial power loss events. Our class 5 switch and second tier remote sites have emergency stand alone capabilities to continue operation during an isolation event. All main switch, second tier remote switch, and remote concentrator sites have redundant transport paths allowing them to re-route traffic in the event of an emergency.

All switching, concentrator and transport equipment have redundant critical systems to continue operation during an internal card failure. We maintain a Rural Utilities Service recommended standard set of spare cards and parts in house for all mission critical systems. Routine maintenance is conducted on all mission critical systems. OIU also has an automated alarm monitor system in place that alerts company personnel of system malfunctions 24 hours a day, 7 days per week, 365 days per year. Our network was engineered to exceed generally accepted traffic handling standards within the industry to assure continued operation during traffic spikes and during busy hour and busy day events.

Line (1210) - Terms & Conditions of Voice Telephony Lifeline Plans

Oregon-Idaho Utilities does not have any service offerings specific to low income subscribers. Discounts to local service rates are available to qualified low income subscribers through the lifeline assistance program. Oregon-Idaho Utilities offers flat rate local service that includes unlimited calling within the defined local calling area, with access to 911 service, operator services, directory assistance, and Interexchange carriers. Oregon-Idaho Utilities does not offer toll service to our subscribers.

The below media ad was printed on a quarterly basis in The Argus Observer and The Owyhee Avalanche during 2013 informing the public, including those eligible for Lifeline, the availability of Oregon-Idaho Utilities telephone service.



Wishes to inform the public of the availability of its telephone services which are offered in rural portions of Harney County, Malheur County, Oregon and Owyhee County, Idaho.

Oregon-Idaho's local service area includes the Oregon exchanges of Jordan Valley (prefix 541/586), Adrian (541/724) and Ridgeview (541/339) and the South Mountain (208/583) exchange in Idaho. Monthly service rates within these areas vary, depending on service location, and range from:

\$11.65 to \$20.05 plus \$6.50 federal end user charge for residential service, and

\$23.35 to \$34.85 plus \$6.50 federal end user charge for single line business service.

These rates include unlimited calling within the defined local areas, access to 911 services, access to operator services and directory assistance, and interexchange carrier access.

Low income individuals eligible for the Lifeline and Link-up assistance programs may be eligible for discounts from these basic service rates through the Oregon and Idaho telephone assistance programs and may also receive toll call blocking service without charge.

For information on our services or to place an order for service, contact the Oregon-Idaho Utilities, Inc., business office at:

(800) 624-0082